

**MEDICAL BOARD OF CALIFORNIA**

CENTRAL FILES
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2525 FAX (916) 263-2420
www.medbd.ca.gov



Please complete Section I to request public documents.

I. Requestor Information

Name: _____ Telephone No.: _____
Address: _____ Fax: _____
_____ E-mail: _____

Check here if you are a government agency ☐

Government Agency Name: _____

Check here if you are requesting certified public documents

Public Information Regarding:

Physician's Full Name: _____

Physician's License Number (if known): _____

Please notify me of payment information by (check one):

☐ Mail

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Section II will be completed by Medical Board of California staff and returned to you for submission of payment.

II. Document Information

Cost of public documents: _____

Cost of certification: _____

Total Cost: _____

For MBC use only:

File number: _____

III. Please mail payment and this completed *form* to:

**Medical Board of California
Attn: Central File Room
P.O. Box 255729
Sacramento, CA 95865-5729**

